FOR COUNTY USE ONLY

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County of San Bernardino

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STANDARD CONTRACT

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Mark H. Uffer, Director					580-6150			Variable				
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THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name			
Loma Linda University Physici	ans Medical Group, Inc.	Hereinafter called	Corporation
Address	_		
11370 Anderson Street, Suite	3150		
Loma Linda, California 923	354		
Telephone	Federal ID No. or Social Security		
(909) 558-2191	No.		

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Amendment 1

Amend Agreement No. 01-813 in the following manner:

- 1) **DELETE** Section 8.07, <u>Term of Agreement</u>, and **ADD** new Section 8.07, <u>Term of Agreement</u>, as follows:
 - 8.07 Term of Agreement

This Agreement shall be effective August 6, 2001, and shall remain in effect through September 30, 2003, unless otherwise terminated for cause or amended by mutual agreement.

All other terms and conditions of Agreement No. 01-813 remain unchanged

OUNTY OF SAN BERNARDINO		Loma Linda Ur	niversity Physicians Medical Group, Inc.
SOLVE OF SALVE BELLIAM RESILVE			e name of corporation, company, contractor, etc.)
		Bv. ►	
Dennis Hansberger, Chairman, Board of Su	upervisors	By: <u>► (Au</u>	thorized signature - sign in blue ink)
-	upervisors	(Au	thorized signature - sign in blue ink)
ated:		Name:	thorized signature - sign in blue ink) t or type name of person signing contract)
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ated: GNED AND CERTIFIED THAT A C OCUMENT HAS BEEN DELIVERE	COPY OF THIS D TO THE Supervisors	Name: (Au (Prin	t or type name of person signing contract)
GNED AND CERTIFIED THAT A COCUMENT HAS BEEN DELIVERE HAIRMAN OF THE BOARD Clerk of the Board of of the County of San	COPY OF THIS D TO THE Supervisors	Name:(Au Name: (Prin Title:	t or type name of person signing contract) (Print or Type)
GNED AND CERTIFIED THAT A COCUMENT HAS BEEN DELIVERE HAIRMAN OF THE BOARD Clerk of the Board of of the County of San	COPY OF THIS D TO THE Supervisors	Name:(Au Name:(Prin Title: Dated:	t or type name of person signing contract) (Print or Type)
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GNED AND CERTIFIED THAT A COCUMENT HAS BEEN DELIVERE HAIRMAN OF THE BOARD Clerk of the Board of of the County of San Deputy Deputy	COPY OF THIS D TO THE Supervisors Bernardino.	Name:(Au Name:(Prin Title: Dated: Address: 11	(Print or Type) 1370 Anderson Street, Suite 3150 Dma Linda, California 92354 Presented to BOS for Signature
GNED AND CERTIFIED THAT A COCUMENT HAS BEEN DELIVERE HAIRMAN OF THE BOARD Clerk of the Board of of the County of San Deputy Proved as to Legal Form	COPY OF THIS D TO THE Supervisors Bernardino.	Name:(Au Name:(Prin Title: Dated: Address: 11	(Print or Type) 1370 Anderson Street, Suite 3150 oma Linda, California 92354
IGNED AND CERTIFIED THAT A COCUMENT HAS BEEN DELIVERE HAIRMAN OF THE BOARD Clerk of the Board of of the County of San Deputy Deputy	COPY OF THIS D TO THE Supervisors Bernardino. Reviewed by Contra	Name:(Au Name:(Prin Title: Dated: Address: 11	(Print or Type) 1370 Anderson Street, Suite 3150 Department Head

☐ Contract Database
Input Date

☐ FAS Keyed By

Auditor/Controller-Recorder Use Only

☐ Contract Data	base □ FAS
Input Date	Keyed By